

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019610
STATE FILE NUMBER

FILED JUN 15 1959

Registration District No. _____ Primary Registration District No. _____ Registrar No. **5168**

300
1-57
5
7
0
4

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hosp #1			Length of stay in lb		d. STREET ADDRESS (If outside, give location) 315 So. Ewing		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First CORA Middle Last Scott				4. DATE OF DEATH Month 5 Day 27 Year 59					
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 12-16-34		9. AGE (In years last birthday) 24 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) St. Louis, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Slyvester Smith			13b. MOTHER'S MAIDEN NAME Elizabeth Woody Otis Scott			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. Elizabeth Sykes Leffingwell Address 1516 N. Leffingwell				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 2nd and 3rd degree Burns of 40% of body. DUE TO (b) _____ DUE TO (c) 916.016 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Suffered when clothing caught on fire while lighting gas stove in home								INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) burns resulting while lighting gas stove in home						
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. 4:30 AM			Month, Day, Year April 30, 1959			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION St. Louis		COUNTY Mo		STATE	
21. I attended the deceased from _____ and last saw her alive on _____ Death occurred at 415 _____ m on the date stated above; and to the best of my knowledge, from the causes stated.				22a. SIGNATURE (Do not write in ink) James M. Dickson		22b. ADDRESS 1300 Clark		22c. DATE SIGNED 5/28/59	
22d. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		22e. DATE 6-1-59		22f. NAME OF CEMETERY OR CREMATORY FATHER DICKSON Cem.		22g. LOCATION (City, town, or county) 408 So. Fillmore-Cty		STATE Mo.	
22h. FUNERAL DIRECTOR English Und. Co.			ADDRESS 1123 N. Taylor		22i. DATE RECD. BY LOCAL REG. MAY 29 '59		22j. REGISTRAR'S SIGNATURE Paul Smith, M.D.		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

factory container, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *H. Claude Gordon*

Licensed Embalmer No. *3489*
P. O. Address *1123 N. Jay*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.